

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT		TIME	2. ADDRESS OF OCCURRENCE			3. LOCATION CODE		4. BEAT/OCCUR			
21-MAR-2016		02:21:00	10129 S GREEN ST CHICAGO, IL 60643			304		2232			
MEMBER INVOLVED  SUBJECT INFORMATION  REASON FOR USE OF FORCE (Check all that apply)	5. POSITION	6. LAST NAME	7. FIRST NAME	8. STAR NO.	9. SEX	10. RACF CODE	11. AGE	12. HT.	13. WT.		
	9161	BOYD	STEPHEN E	12598	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK		602	218		
	14. DATE OF APPT.	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?					
	10-OCT-2000		311	<input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX	24. RACE	25. E.O.B.	26. HT.	27. WT.			
	HARVILEY	SAMUEL		<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK	07-SEP-1991	505	160			
	28. ADDRESS	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? FIREARM, SEMI-AUTOMATIC, OTHER (SPECIFY)	31. SUBJECT INJURED?	32. SUBJECT ALLEGED INJURY?						
	1004 W 97TH STREET CHICAGO, IL		<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION	36. APPARENTLY NORMAL	37. CB NO.	38. IF NO.	39. DNA	40. DNA	41. DNA		
	LITTLE COMPANY OF MARY	HERREA, BLANCA	<input type="checkbox"/> 03 Hospitalized	<input checked="" type="checkbox"/> 04 Not Hospitalized	19282948						
36. CHARGES PLACED						37. CB NO.	38. IF NO.	39. DNA			
725 ILCS 5.0/110-3, 720 ILCS 5.0/18-2-A-3, 720 ILCS 5.0/12-3.05-E-2											
40. PASSIVE RESISTER		ACTIVE RESISTER		ASSAULTANT: ASSAULT		ASSAULTANT: BATTERY		ASSAULTANT: DEADLY FORCE			
SUBJECT'S ACTIONS		FLED		IMMINENT THREAT OF BATTERY		ATTACK WITH WEAPON		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM			
MEMBER'S RESPONSE		PULLED AWAY		OTHER THREATEN TO SHOOT HIM		ATTACK WITHOUT WEAPON		WEAPON			
NOT FOLLOW VERBAL DIRECTION		OTHER				OTHER HIT OVER THE HEAD/BACK		OTHER			
STIFFENED (DEAD WEIGHT)											
OTHER											
OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM					
TAKE DOWN / EMERGENCY HANDCUFFING		CLOSED HAND STRIKE/PUNCH		KICKS		OTHER					
OC CHEMICAL WEAPON		IMPACT WEAPON (Describe in Box 40)		IMPACT MUNITION (Describe in Box 40)							
CANINE		OTHER									
TASER (Probe Discharge)											
TASER (Contact Stim)											
TASER (Spark Displayed)											
OTHER											
41. OC/CHMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION									
		SUBJECT FIRED ONE SHOT AT MEMBER STRIKING HIM IN THE RIGHT THIGH, FROM A SEMI AUTO HANDGUN									
POSITION		STAR NO.	UNIT								
41. WEAPON TYPE		<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL		42. INCIDENT OCCURRED	43. LIGHTING CONDITIONS		01 Daylight	44. WEATHER CONDITIONS			
<input type="checkbox"/> 01 REVOLVER		<input type="checkbox"/> 05 CHEMICAL WEAPON		<input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk		<input checked="" type="checkbox"/> 05 Poor Artificial	<input checked="" type="checkbox"/> 06 Good Artificial	CLEAR		
<input type="checkbox"/> 02 RIFLE		<input type="checkbox"/> 06 TASER (Probe Discharge)		45. MAKE/MANUFACTURER		46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE			
<input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 07 OTHER		BERETTA-US-(SANTAR BRIDGADIER 951, EMPIRE, PUMA)		8000	4.5	9 MM			
49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.				
022640MC		626670		54. SPECIAL WEAPON CERTIFICATE NO		40210455	55. TOTAL NO. OF SHOTS MEMBER FIRED	9			
56. PROPERTY INVENTORY NO.		57. TYPE OF AMMUNITION USED		58. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		59. HOW WAS MEMBER'S HANDGUN WORN			60. DID MEMBER USE SIGHTS		
		Department Issued		1		<input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)			<input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
61. WHO FIRED FIRST SHOT		62. WAS FIREARM RELOADED DURING INCIDENT		63. NO OF CARTRIDGES/SHOT SHELLS RELOADED		<input type="checkbox"/> 03 OTHER (Specify)					
<input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO									
64. HOW WAS MEMBER'S HANDGUN DRAWN		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED							
<input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW				<input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input checked="" type="checkbox"/> 04 OVER 15 FT							
67. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		68. POSITION OF MEMBER DISCHARGING WEAPON		<input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN							
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				<input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)							
72. CASE INFO.											
NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC											
NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.											
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
73. SIGNATURES											
73. REPORTING MEMBER (Print Name)				STAR/EMPLOYEE NO.		SIGNATURE					
BOYD, STEPHEN E				12598							
21-MAR-2016 08:24:15											
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.											
74. REVIEWING SUPERVISOR (Print Name)				STAR NO.		SIGNATURE		DATE REVIEWED			TIME
NEMCOVIC, JOSEPH S				1794				21-MAR-2016 08:26:05			

160810140  
70 EVENT NO.

HZ195073  
71 R.D. NO.

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<input type="checkbox"/> DNA	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> INTERVIEW NOT CONDUCTED (Specify Reason)
Subject currently being interviewed by Detectives			

### 76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

U#16-004

Officer hospitalized and unable to complete TRR. TRR completed on Officers behalf by Sgt. Nemcovic #1794.

Based on the facts available at this time, it is the preliminary finding that Officer Boyd acted in compliance with department policy.

### 77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.	<input type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED
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LOG NO/JCRNO. 1079743 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name) <b>PENA, MARIA C</b>	SIGNATURE 	DATE COMPLETED <b>21-MAR-2016 08:53:30</b>
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### 79. TOTAL TRRS THIS EVENT No.

1

LOG# 1079743  
Attachment 8